Community Support Training 101
September/October 2013

Key service functions with examples from training:

1. Providing holistic, person-centered care with emphasis on personal strengths, skill acquisition and harm reduction, while using stage-wise and motivational approaches that promote active participation by the individual in decision making and self-advocacy in all aspects of services and recovery/resiliency.

Mark indicates that his PO made him come to treatment. He doesn't think he has that much of a problem and thinks he could control the amount he drinks. He mentioned during his assessment that he would like a different place to live and that it might be better to not be around people that drink a lot. From this example we believe Mark is in the pre-contemplative stage related to his alcohol use and not ready to quit drinking. So while helping Mark check into alternative housing you would begin motivational interventions to help him develop discrepancy between his drinking behaviors and his life goals. You could work on meeting basic needs while exploring why the PO might have recommended he go to treatment.

2. Using interventions, based on individual strengths and needs, to develop interpersonal/social, family, community and independent living functional skills including adaptation to home, school, family and work environments when the natural acquisition of those skills is negatively impacted by the individual's mental illness and /or substance use disorder.

Brenda has few, if any non-using natural supports in her life and needs to develop positive, non-using supports. One thing she enjoys doing is cooking and she is pretty good at it. So, a CSS could find a way to utilize this interest or strength of cooking and incorporate cooking into the goal to develop more natural supports such as encouraging Brenda to join a cooking class and inviting a fellow student over for a meal.

3. Facilitating and supporting recovery/resiliency through activities including: defining recovery/resiliency concepts in order to develop and attain recovery/resiliency goals; identifying needs, strengths, skills, resources and supports and teaching how to use them; and identifying barriers to recovery/resiliency and finding ways to overcome them.

Tom has a history of panic attacks and anxiety and has turned to alcohol to alleviate the symptoms. So for Tom, recovery might mean that he has a job and has more money. However, his panic attacks, anxiety and frequent cravings create a barrier for Tom in pursuing his goal to find employment. Additional barriers for Tom is that he is unfamiliar with his community as he recently came to live with his grandmother and he is not familiar with employment resources, public bus system and potential job sites. Strengths include Tom has worked in the past and has skills as a waiter; he is personable and is motivated to work. His new community has employment resources, a public bus system (though he has never ridden a bus before) and his grandmother is very supportive. A CSS might teach Tom how to use his strengths and skills as well as the resources and supports he has available to him. A CSS could assist Tom in learning the bus system to access the job center, locate possible employers who hire waiters and developing alternative methods to alleviate his anxiety and panic attacks.

4. Developing, implementing, updating, and revising as needed, a treatment plan that identifies specific, measurable and individualized interventions to reduce and manage symptoms, improve functioning and develop stability and independence. This plan is developed by a team consisting of the following as appropriate: the individual, family, community support specialist, community support supervisor, therapist, medication providers, schools, child welfare, courts and other supports.

Continuing on with the example in #3, Tom has a stated goal of finding a job so he can have more money and eventually move out of his grandmother's home into his own apartment. But because he is new to the community he needs help learning how to get around and where things are. One possible step toward his goal could be to learn the bus route so he could get to work. The first intervention could be to go to the bus station to get a bus schedule. (check, this is measurable and you know when you've accomplished this step). The next step is to determine the route, times, and bus stops. The third step might be to ride the bus with Tom, if needed. A next step might be to go with Tom to the bus stop, let him ride the route alone and meet him at the destination. Check with him and see how it went. The last step could be to let Tom ride the bus on his own and call him afterward to follow up on how it went. Different people need different levels of intervention. Tom may just need to know where the resource is. Or Tom may need you to ride with him several times if he has problems with fears or anxiety.

5. Providing services that result in positive outcomes including but not limited to the following areas: employment/education, housing, social connectedness, abstinence/harm reduction, decreased criminality/legal involvement, family involvement, decreased psychiatric hospitalizations, and improved physical health.

Let's take the example of Mary and her goal to get her children back living with her which relates to abstinence. A CSS could work with Mary on how she can demonstrate being a responsible parent through staying abstinent from all drugs and alcohol. The CSS could help Mary learn how to overcome the urge to use drugs and alcohol through assisting with relapse planning and helping Mary locate transportation to AA and NA in the community; the CSS could also work with Mary to address the barriers Mary faces that challenge her ability to continue in

treatment for her substance use disorder. These barriers could be limited motivation, limited or no transportation, financial challenges or maybe just time management issues.

6. Working collaboratively with the individual on treatment goals and services including the use of collaborative documentation as a tool to ensure that individuals are active in their treatment.

Let's say that you and Mary just finished your work together on identifying things Mary can do to prevent giving in to urges to use. Before you and Mary separate, you ask Mary to help identify what goal and interventions were worked on during your time together and obtain her input on the outcome of the intervention provided and your agreed upon plan for the next meeting. You and Mary would formulate, write or type the note together before the session is over, and review the note together for accuracy.

7. Documenting services that clearly describes the need for the service, the intervention provided, the relationship to the treatment plan, the provider of the service, the date, actual time and setting of the service, and the individual's response to the service.

Here's how a progress note might read from the meeting with Mary about the relapse prevention planning:

Purpose: Met with Mary this date @ 10:10 am at the office to provide assistance to Mary in establishing planned interventions she will enlist when she has urges to use Meth. Meeting ended 11:01 am. This intervention relates to Mary's goal "Mary will get her children back." Intervention provided: CSS provides examples Mary could consider based upon her strengths, interests and resources identified in her assessment. CSS was supportive as Mary experienced various emotions with this task. CSS offered to set up an appointment with a counselor to receive therapy interventions on issues Mary reported. Response: Mary initially was not sure how to proceed with the task of identifying interventions to prevent relapse but after suggestions were made, she was able to formulate interventions she felt would be helpful to her. Mary did become tearful as she was working on this task as she recalled memories from a prior relationship that made her sad but Mary felt she would be ok until she could talk with a counselor at a later date. Plan: CSS will consult with the counselor that specializes in trauma care and provide Mary with the appointment date. CSS will follow-up with Mary tomorrow to check on how she is doing and inform her if the appointment has been set up. CSS will discuss plans for reviewing transportation needs at next visit in one week.

8. Developing a discharge and aftercare/continuing recovery plan to include, if applicable, securing a successful transition to continued services.

CSS is working with Tom to develop his aftercare/continuing recovery plan. This has been a process that began soon after Tom was admitted at your agency. Initially, Tom couldn't identify any personal strengths, natural supports or anything he could do to avoid using again. He focused only on being controlled by others and environments that would result in his using again. CSS was able to help Tom identify his personal strengths such as his previous employment as waiter, that he is personable as identified in an earlier example and helped Tom identify activities he used to enjoy, such as playing on a volleyball league, and, when he was a teen, he was a member of a church where he recalled enjoying the youth programs. The aftercare plan included the cooking classes, outings with these sober friends, a return interest in playing volleyball, and joining a church family along with additional interventions Tom and CSS were able to identify. This plan included continuing recovery through AA/NA participation and counseling sessions with the pastor of his church.

9. Contacting individuals and/or referral sources following missed appointments in order to re-engage and promote recovery/resiliency efforts.

For example, you and Mary had an appointment scheduled for today to complete an application for housing assistance however; Mary did not show up and did not contact you to cancel or reschedule as she has done in the past. You are also aware that Mary was expecting to have a conversation with her ex-husband prior to your scheduled appointment that Mary had revealed she was anxious about this encounter. Given this situation and your concern for Mary, you begin calling the phone numbers that Mary has provided you to try to locate her. You are unable to make contact, so you travel to her home and find her there having car trouble. She had forgotten to contact you of her situation and the need to reschedule your appointment. You and Mary set another time to pursue housing assistance.

10. Supporting individuals in crisis situations including locating and coordinating resources to resolve a crisis.

Let's take the scenario with Mary again. Only this time, when you arrive at her home, you find her crying and reporting that all her efforts to get her children back are worthless, that she is worthless like her ex-husband says and that she is just going to drink herself into oblivion. You are concerned for her well-being and safety, so you contact your supervisor that is a qualified mental health professional to assess her for emergency intervention services and possible crisis stabilization via local mental health facility.

11. Maintaining contact with individuals who are hospitalized for medical or psychiatric reasons and participate in and facilitate discharge planning for psychiatric hospitalization and for medical hospitalization as appropriate.

Using Mary's example again, as a result of assessment from your supervisor and evaluation by a physician/psychiatrist, Mary agreed to be hospitalized for further evaluation of her crisis situation. During her two week inpatient hospitalization, the CSS makes contact with Mary at the hospital and inquires how she is doing and if she knows of her discharge date. Mary indicates that she has been started on a medication to help with her anxiety and will be meeting with her doctor to discuss her discharge. Mary voiced concerns about how she will be able to afford these medications on her limited budget and is concerned she will not be able to remember to take them as prescribed. The CSS agreed to assist her at discharge in locating resources to help with the funding of the medications and in obtaining a medication organizer as well as developing a method to help Mary remember to take her medications.

12. Provide information and education in order to learn about and manage mental illness/serious emotional disturbance and/or substance use disorders including symptoms, triggers and cravings, and reinforce the importance of taking medications as prescribed, while facilitating the persons' served communication with prescribers as needed.

Josh is 13 years old. He has been turning to smoking marijuana when he encounters any type of stress in his life. As Josh's CSS, you work with Josh and his family members to learn more about marijuana, its addictive qualities and health hazards as well as alternative methods to deal with stressful situations. You assist Josh and his family in developing better communications between the family members and role play scenarios where Josh can learn how to express his concerns to his family. You know that Josh enjoys playing basketball and riding his bike, so you work with Josh to incorporate these activities into his plan when things become overwhelming or stressful for him.

13. Reinforce the importance of taking medications as prescribed and assist the individual to make medication concerns regarding side effects or lack of efficacy known to the prescriber.

For example, Natalie, who is receiving treatment services for her alcohol abuse, was just recently prescribed Lisinopril to treat her blood pressure. Natalie has a history of not taking prescribed medications because she reports she not only forgets to take them but also doesn't believe medications are helpful and is concerned about the side effects from medications. Natalie later shared that she stopped taking her medications in the past because of side effects but felt uncomfortable relaying this information to her doctor. The CSS could provide Natalie with information about the new medication and how it treats blood pressure, possible

side effects and could role play with Natalie how she could talk with her physician about her concerns related to side effects she experiences.

14. Building skills for effective illness self-management including psycho-education, behavioral tailoring for medication adherence, wellness/recovery planning, coping skills training, and social skills training.

Let's say Natalie is having problems remembering to take her medications and that the medication organizer is not working for her. A CSS could help develop with Natalie a way to remember to take her medications. Some ways might include sticky notes on the refrigerator, rubber-banding the medication box to her toothbrush since she brushes her teeth morning and evening, put the bedtime pill box on the night stand, set reminder/alarms, etc.

15. In conjunction with the individual, family, significant others and referral sources, identifying risk factors related to relapse in mental illness and/or substance use disorders and develop a plan with strategies to support recovery and prevent relapse.

For example a CSS may help an individual to identify situations, people or places that act as triggers for their using behaviors and help them identify alternatives to these triggers. Mary identified that she experiences urges to use towards the end of each month because she experiences more stress with budgeting depleting funds. The CSS could work with Mary on establishing a budget to better manage her funds and help her obtain resources in the community to help with living expenses as well as helping Mary identify and utilize alternative activities to using to deal with stress.

Let's take Josh from a previous example. We know that Josh has turned to using marijuana to deal with stress. Stressful situations are triggers for Josh. At school, Josh has experienced stress with academics, social and parental expectations. So as Josh's CSS, you would work with him to teach how to self-monitor by learning to identify physical behaviors that occur when he is stressed; work on problem solving skills such as time management skills to ensure study times are planned for; and ways to demonstrate good decision making skills so his parents will have more confidence and trust in him such as letting parents know that he is staying late at school to meet with a study group rather than not notifying them why he was late coming home or what he was doing. Also as the CSS, you might work with Josh to find more adaptive skills he can use to tolerate distress without using marijuana and reinforce any efforts Josh makes to practice these skills.

16. Make efforts to ensure that individuals gain and maintain access to necessary rehabilitative services, general entitlement benefits, employment, housing, schools, legal services, wellness or other services; by actively assisting individuals

to apply and follow up on applications; and to gain skills in independently accessing needed services.

For example, a CSS is working with an individual that may be eligible for Medicaid services. However, he has limited computer skills that would allow him to independently access Medicaid application online and he has limited patience with making application at the Medicaid office. A CSS could accompany this individual to the Medicaid office and model appropriate behaviors as they wait; could encourage patience as well as coach the individual to practice their plan developed to deal with the wait. The CSS could also help the individual access and complete the on-line application for Medicaid by teaching the individual how to access and complete the on-line application.

17. Ensuring communication and coordination with and between other interested parties such as service providers, medical professionals, referral sources, employers, schools, child welfare, courts, probation/parole, landlords, and natural supports.

There are times when other parties are invested in the well-being of the consumer; such as schools and child welfare when the consumer is the parent of minor children and is currently residing in a substance abuse treatment program. Courts, referral sources, and family members might be some of the other interested parties as the custody of the minor children needs to be determined and whether the parent's substance abuse is still an issue for continued custody. As the CSS working with Mary again, you can meet with her to help understand her goals for custody and can explain the complicated court procedures. As Mary's CSS you can assist her to be her own advocate by helping to prepare a letter to the judge to obtain an attorney to represent her interests. You could encourage her to list what personal actions she would need to take to demonstrate that she is engaging in treatment and is working towards her recovery. These could be her step-by-step objectives in her treatment plan. These may look something like this: request permission to attend parent-teacher conferences; attend treatment planning for the children; engage children in family therapy. Mary can also be assisted with employment and/or housing. Each step is an opportunity for CSS to assist her in preparation of advocating for herself and her children and to develop reasonable goals without being overwhelming to her.

18. Ensuring follow through with recommended medical care, to include scheduling appointments, finding financial resources and arranging transportation when individuals are unable to perform these tasks independently.

Bob is receiving minimal services in the supported recovery level of care for substance abuse. He is an older individual, with limited vision, and earlier had reported being depressed. The CSS helped Bob find a psychiatrist who accepted Medicare and to set up the first appointment.

The CSS also helped Bob practice communicating the importance of recovery and remaining abstinent from potential medications that might be a trigger. Bob attended his first appointment and was prescribed medication to treat the depression. He was scheduled to return for treatment after one week, three weeks, six weeks and six months thereafter. Bob managed to attend the first and second appointments, but then reported he did not wish to return. CSS was able to determine that the third appointment was later in the day when there would be minimal daylight and that the bus route Bob uses does not run that late. Bob also stated that he did not think the medication was working and he felt better when he was using drugs. He wondered if sobriety was worth the effort. CSS offered to take Bob to his next appointment and in the meantime, CSS arranged for him to meet with his counselor. At the psychiatrist's office, the CSS advocated for a change in appointment times, but allowed Bob to determine the more appropriate time. CSS encouraged and practiced with Bob to discuss his continued depression with the psychiatrist and to ask if there was an alternative medication. CSS and the substance abuse counselor also explained that certain antidepressants take more than three weeks to feel better.

19. Developing and supporting wellness and recovery goals in collaboration with the individual, family and/or medical professionals, including healthy lifestyle changes such as healthy eating, physical activity and tobacco prevention and cessation; and coordination and monitoring of physical health and chronic disease management.

Ashley is referred by the facility's psychiatrist and treatment team. CSS and Ashley meet to discuss this 18-year-old's awareness surrounding her health and issues related to illness and medical disorders. Ashley is in treatment for using marijuana and alcohol. She is medically obese, diabetic, and depressed. She has several other health issues related to her lifestyle and substance use; such as acid reflex, insomnia, sleep apnea, and irritability. CSS begins to understand that Ashley does not have an adequate knowledge regarding the interactions and consequences of her unhealthy lifestyle of inactivity, overeating, substance abuse and depression and she lacks understanding of nutrition and exercise. CSS helps Ashley by providing information about healthy eating, exercise as well as substance use and effects on her body. CSS works with Ashley to obtain a membership to a local gym, meet with a fitness expert and nutritionist for education and meet with an internist to address her underlying medical issues.

20. Assisting to develop natural supports including identification of existing and new natural supports in relevant life domains.

Debbie is in need of establishing natural supports. She has indicated that she wants to have friends and wants to have a positive relationship with her family. She has alienated her family by her repeated pleas for emotional and financial assistance and her failed attempts at overcoming her addiction to cocaine. As her CSS and member of the treatment team, your

role is to help Debbie reestablish her natural supports and/or develop new supports so she can continue in recovery after her treatment services at your organization. You help Debbie reestablish her relationship with her family members through providing education to her family on the disease concept of addiction, encourage participation in family therapy, help Debbie identify ways to be involved with and support her family rather than only contacting them for her own needs and explore other areas of interest where she can develop natural supports, such as church, neighbors, or school and work.

21. In coordination with the treatment team, improving skills in communication, interpersonal relationships, problem solving, conflict resolution; stress management; and identifying risky social situations and triggers that could jeopardize recovery.

Tim states that he experiences many conflicts on his job and is thinking about quitting. He indicates he often is called in by his supervisor because of low productivity in his unit, but he is unable to relay to his supervisor that his coworker is on his cell phone frequently throughout the day which he believes is affecting his unit's productivity. Tim indicates he gets frustrated with this scenario which causes him to think about stopping at the nearby bar on the way home from work for a beer to help him deal with the stress from his job. He knows that if he stops, he will not just drink one beer. As his CSS, you explore Tim's options for maintaining his employment or seeking another job. You help Tim develop skills to better deal with the stress from his job by role playing various scenarios for Tim to learn how to support himself with his supervisors and relay to them what he has observed from his coworker.

Angela is 17 years old. Angela recently completed residential treatment for abusing prescription pain killers. Angela is now in recovery, but continues to spend time with her lifelong best friend who she used with most often prior to treatment and who continues to use when Angela is around. As Angela's CSS, you can educate Angela on daily living skills such as food preparation, personal hygiene, organizational skills etc. to promote self-sufficiency, sense of worth and independence. You can assist Angela in identifying non-substance using peers and encourage Angela to participate in activities they are also involved in. As the CSS, you could also help Angela to develop interpersonal skills through role playing situations when she can be effective at telling her best friend "no" or asking her friend to not use when she is around.

22. Providing family education, training and support to develop the family as a positive support system to the individual. Such activities must be directed toward the primary well-being and benefit of the individual.

For example, a CSS is working with Kim, an adolescent, and her family. The family members are not able to participate in treatment as hoped through family therapy due to travel challenges

as Kim is receiving residential support in another town, 2 hours away. The CSS could help Kim's family locate alternative transportation through area resources or explore such options as other members traveling from the same town, getting rides from members of their church or staff or volunteers from the agency that also travel to the treatment site from the same town. The CSS could coordinate dates and times for Kim and her family to talk regularly. The CSS could provide Kim's family with materials and offer information to help them better understand substance abuse and how the family can be a positive support to Kim.

23. Helping individuals develop skills and resources to address symptoms that interfere with seeking or successfully maintaining a job, including but not limited to, communication, personal hygiene and dress, time management, capacity to follow directions, planning transportation, managing symptoms/cravings, learning appropriate work habits, and identifying behaviors that interfere with work performance.

The Division issued guidelines on appropriate community support in the workplace. One example from these guidelines is as follows:

A person with whom you are working has indicated he would like to return to the workforce. He has experience working with heavy equipment and reports being quite good at this until he lost his job. He was fired because of behaviors associated with alcohol abuse, such as consuming alcohol late into the evening that contributed to late arrival to work the next morning, low productivity and arriving to work under the influence of alcohol. He believes he has burned all his bridges with the local construction businesses and is uncertain where and how he might go about returning to this field of work. It is determined that this individual is in the action stage of change for employment, but faces real and/or perceived barriers. You work with this individual to develop a treatment plan and relapse prevention plan that addresses his goals. Appropriate community support interventions may include:

- assisting the individual to practice approaching previous employers and advocating for rehire through use of modeling and role-playing exercises;
- providing him with opportunities to practice these skills in the community setting through real or mock interviews with individuals in the community;
- in cooperation with the individual, assist with identifying and developing coping skills to address his fears/stresses about returning to work, (eg., meeting deadlines, equipment problems, weather conditions and pressures from peers/co-workers that may increase risk of relapse);
- locating and securing continued and additional treatment services by providing information and guidance on programs and services available, including Medication-Assisted Treatment (MAT) and prescription assistance resources; and
- work with the individual to identify transferable skills that could support or be foundational for other employment options/fields and/or skills training.

24. Building skills associated with obtaining and maintaining success in school such as communication with teachers, personal hygiene and dress, age appropriate time management, capacity to follow directions and carry out school assignments, appropriate study habits, and identification of behaviors that interfere with school performance.

A CSS may help the family develop healthy time management strategies such as making a schedule for their adolescent child that includes getting up on their own, using an alarm clock set for a specific wake up time, setting aside a time for breakfast, arriving at school on time, having time set aside for homework and working toward a set bedtime.

25. Building personal self care and home management skills associated with achieving and maintaining housing in the least restrictive setting by addressing issues like nutrition, meal preparation; household maintenance including house cleaning and laundry; money management and budgeting; personal hygiene and grooming; identification and use of social and recreational skills; use of available transportation; and personal responsibility.

As a CSS, you are working with Terry who has lost his housing because of problems associated with not caring for his home adequately due to his alcohol use. You can ensure that Terry keeps his housing by monitoring his home for appropriate care and ensuring he is following his recovery plan that includes keeping appointments utilizing personal interventions to avoid giving in to urges to drink. You determine that Terry needs assistance in learning how to obtain appropriate cleaning supplies and tools and how to use these tools and supplies so you provide a demonstration of their use and coach Terry through a practice session. Since Terry has limited knowledge of keeping a home clean, you may need to provide education on what needs to occur daily such as doing dishes after you eat, picking up after yourself and throwing trash away. You may need to help him develop a cleaning schedule, such as which days to do laundry, take out the trash, or vacuum. Of course, these types of interventions would be dependent upon the individual's specific needs, limitations, abilities, and experience with caring for a home.